

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000002700

Entity Name: MIAMI BEACH UNITED, INC.

Current Principal Place of Business:

1125 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

Current Mailing Address:

1125 WASHINGTON AVENUE
MIAMI BEACH, FL 33139 US

FEI Number: 45-4757086

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GROSS, SAUL
1125 WASHINGTON AVENUE
MIAMI BEACH, FL 33139 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SAUL GROSS

03/17/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name BIENSTOCK, TERRY
Address 2312 BAY AVE
City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR
Name FRANK, HERB
Address 10 VENETIAN WAY #2201
City-State-Zip: MIAMI BEACH FL 33139

Title TREASURER, DIRECTOR
Name GROSS, SAUL
Address 2900 FLAMINGO DR
City-State-Zip: MIAMI BEACH FL 33140

Title PRESIDENT, DIRECTOR
Name LIEBMAN, NANCY
Address 9 ISLAND AVE #408
City-State-Zip: MIAMI BEACH FL 33139

Title VP, DIRECTOR
Name HAMMON, MIKE
Address 2371 NORTH BAY ROAD
City-State-Zip: MIAMI BEACH FL 33140

Title SECRETARY, DIRECTOR
Name MONEY, SANDRA
Address 1521 ALTON ROAD #345
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name BOYCE, REBECCA
Address 1020 MERIDIAN AVE #310
City-State-Zip: MIAMI BECH FL 33139

Title DIRECTOR
Name MARCUS, ARTHUR
Address 1450 LINCOLN ROAD #806
City-State-Zip: MIAMI BEACH FL 33139

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SAUL GROSS

TREASURER

03/17/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name NEEDLE, MARK
Address 910 LENOX AVENUE
 #4
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name SOSA, HERB
Address 831 9TH STREET
City-State-Zip: MIAMI BEACH FL 33139